

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be stated, and should be stated in plain terms, so that it may be properly classified. Exact statement of occupation important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. 791
Primary Registration District No. 1002
(No. 8118 Alabama Ar)

File No.
Registered No. 6171
St. Ward)

2. FULL NAME

(a) Residence, No. 8118 Alabama Ar Ward.

(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
6. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>Joseph B. Rohlmann</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 12 - 1875</u>		
7. AGE <u>58</u>	YEARS <u>2</u>	MONTHS <u>2</u>
DAYS <u>2</u>		IF LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wisconsin</u>
13. NAME <u>Ferdinand Rolf</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
15. MAIDEN NAME <u>Theresa Kordomey sr.</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Boston Mass.</u>
17. INFORMANT (ADDRESS) <u>Joseph Rohlmann</u> <u>8118 Alabama Ar</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Peter's Pauline</u> DATE <u>July 17, 1933</u>
19. UNDERTAKER (ADDRESS) <u>Joe P. Pender Jr.</u> <u>7128 Washington</u>
20. FILED <u>JUL 15 1933</u> <u>J. F. Braddock</u> Registrar.

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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from DECEMBER 5, 1932 to JULY 14, 1933

I last saw him alive on JULY 14, 1933 Death is said to have occurred on the date stated above, at 6:52 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis
Pulmonary congestion
angina pectoris (attacks)
Diabetes mellitus
Hypertensive nephritis

Date of onset
1928?
July 12
1932
1925?
1925?

Other contributory causes of importance:

Name of operation clinical Date of ho
What test confirmed diagnosis clinical Was there an autopsy? ho

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ho

If so, specify George A. O'Sullivan M. D.
(Signed) 1421 Schurmer St.
(Address)

